

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968333	(X3) DATE SURVEY COMPLETED R 01/28/2019
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT ABACOA, (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 COMMUNITY DRIVE JUPITER, FL 33458	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Revisit to the relicensure survey was conducted on 01/28/19 at The Allegro At Abacoa, License #12270. Previously cited deficiencies were found corrected.